

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6		5					56						
7		6					57						
8		7					58						
9		8					59						
10		9					60						
11		10					61						
12		11					62						
13		12					63						
14		13					64						
15		14					65						
16		15					66						
17		16					67						
18		17					68						
19		18					69						
20		19					70						
21		20					71						
22		21					72						
23		22					73						
24		23					74						
25		24					75						
26		25					76						
27		26					77						
28		27					78						
29		28					79						
30		29					80						
31		30					81						
32		31					82						
33		32					83						
34		33					84						
35		34					85						
36		35					86						
37		36					87						
38		37					88						
39		38					89						
40		39					90						
41		40					91						
42		41					92						
43		42					93						
44		43					94						
45		44					95						
46		45					96						
47		46					97						
48		47					98						
49		48					99						
50		49					100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						